

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Absolute Home Health, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 83-3086596

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

1715 N. Division Street, Suite 7  
Morris, IL 60450

Number, Street, City, State & ZIP Code

Grundy  
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) none

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Absolute Home Health, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**6216**

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7  
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **Absolute Home Health, LLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** (*Check all that apply.*)
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
 What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
 Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
 Contact name \_\_\_\_\_  
 Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds. *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor	<b>Absolute Home Health, LLC</b>	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Absolute Home Health, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 16, 2023**  
MM / DD / YYYY

**X /s/ Stori Worth**  
Signature of authorized representative of debtor  
  
Title **President**

**Stori Worth**  
Printed name

**18. Signature of attorney**

**X /s/ William J. Factor**  
Signature of attorney for debtor

Date **March 16, 2023**  
MM / DD / YYYY

**William J. Factor 6205675**  
Printed name

**FactorLaw**  
Firm name

**105 W. Madison St., Suite 1500**  
**Chicago, IL 60602**  
Number, Street, City, State & ZIP Code

Contact phone **312-878-6976**

Email address

**6205675 IL**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **Absolute Home Health, LLC**  
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Byram Healthcare 444 Highway 96 East Saint Paul, MN 55127		Patient supplies				\$19,404.00
Distinctive Therapy 7501 Lemont Rd, Suite 345F Woodridge, IL 60517		Contract therapy company				\$12,315.00
Global Resources 150 W Washington Ave. Santa Fe, NM 87501		Business consulting group				\$26,630.78
Home Therapeutic Staffing 10661 S Roberts Rd Suite 201 Palos Hills, IL 60465		Contract therapy company				\$15,140.00
Illinois Department of Revenue P.O. Box 19035 Springfield, IL 62794-9006						\$47,000.00
Illinois Dept. of Employment Sec. Collections Section 33 S. State Street 10th Floor Chicago, IL 60603-2802						\$14,902.66
Imperial PFS 1055 Broadway, 11th Floor Kansas City, MO 64105		Marketing				\$3,028.05

Debtor **Absolute Home Health, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346						\$126,862.62
Lustig & Wickert, P.C. 3400 Dundee Road Northbrook, IL 60062		Services rendered				\$20,788.85
Sorinsky 3340 Dundee Road, Suite 2N4 Northbrook, IL 60062		Accounting services				\$7,800.00
Synergy 75 Executive Dr., Ste. 345 Aurora, IL 60504		Medical coding				\$47,306.00
Tami Dinelli 260 Rice St. East Brooklyn, IL 60424		Former business partner				\$250,000.00
Voelker Law 33 N Dearborn, Suite 1000 Chicago, IL 60602		Services rendered				\$36,250.00
Wellsky 11300 Switzer Blvd. Overland Park, KS 66210		Patient charting				\$27,995.00
Wermer, Rogers, Doran & Ruzon, LLC 755 Essington Road Joliet, IL 60435		Accounting firm				\$28,875.00

Amy Grogan  
Grogan Hesse & Uditsky P.C.  
Two Mid America Plaza, Suite 110  
Oak Brook Terrace, IL 60181

Byram Healthcare  
444 Highway 96 East  
Saint Paul, MN 55127

Capital Dude, LLC  
79 E. Madison Ave., 17th Floor  
New York, NY 10016

Distinctive Therapy  
7501 Lemont Rd, Suite 345F  
Woodridge, IL 60517

Empire Recovery Solutions, LLC  
10 W. 37th St.  
Rm. 602  
New York, NY 10018

Global Resources  
150 W Washington Ave.  
Santa Fe, NM 87501

Home Theraputic Staffing  
10661 S Roberts Rd Suite 201  
Palos Hills, IL 60465

Illinois Department of Revenue  
P.O. Box 19035  
Springfield, IL 62794-9006

Illinois Dept. of Employment Sec.  
Collections Section  
33 S. State Street 10th Floor  
Chicago, IL 60603-2802

Imperial PFS  
1055 Broadway, 11th Floor  
Kansas City, MO 64105



Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Lustig & Wickert, P.C.  
3400 Dundee Road  
Northbrook, IL 60062

Sorinsky  
3340 Dundee Road, Suite 2N4  
Northbrook, IL 60062

Synergy  
75 Executive Dr., Ste. 345  
Aurora, IL 60504

Tami Dinelli  
260 Rice St.  
East Brooklyn, IL 60424

Voelker Law  
33 N Dearborn, Suite 1000  
Chicago, IL 60602

Wellsky  
11300 Switzer Blvd.  
Overland Park, KS 66210

Wermer, Rogers, Doran & Ruzon, LLC  
755 Essington Road  
Joliet, IL 60435

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Absolute Home Health, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Absolute Home Health, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**March 16, 2023**

Date

**/s/ William J. Factor**

**William J. Factor 6205675**

Signature of Attorney or Litigant

Counsel for **Absolute Home Health, LLC**

**FactorLaw**

**105 W. Madison St., Suite 1500**

**Chicago, IL 60602**

**312-878-6976 Fax:847-574-8233**